

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 3 1943

Registration District No. 215

Primary Registration District No. 5783

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural - Richwoods
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 70 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE W. PATTERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife Mary Patterson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 30 - 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Deerfield - Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name George Patterson
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Hughes
15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Nary Patterson

(b) Address Idria, Mo

17. (a) Buried (b) Date thereof May 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery Idria, Mo

18. (a) Signature of funeral director G. E. Basy

(b) Address Idria, Mo

19. (a) May 22 43 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Idria, Mo. R # 2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Jan 15
1942, to May 1, 1943;
that I last saw him alive on May 1, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Duration Instant

Due to chronic myocarditis years _____

Due to _____ years _____

Other conditions arteriosclerosis, 938 years _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. M. A. Gould (M. D. or other) DO.
Address Idria, Mo Date signed 5/22/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

EX-101 JUN 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

B. H. Busey

Licensed Embalmer No. *2694*

P. O. Address *Iberia Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.